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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

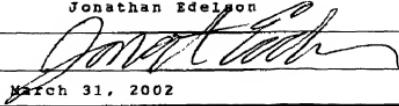
(to be used for all correspondence after initial filing)

		Application Number	09/675,082
		Filing Date	09/26/2000
		First Named Inventor	EDELSON, Jonathan S.
		Group Art Unit	2834
		Examiner Name	Joseph WAKS
Total Number of Pages in This Submission	6	Attorney Docket Number	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Edelson
Signature	
Date	March 31, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____

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PTO/SB/17 (0-91)

Approved for use through 10/31/2002 GOM 085-0022

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete if Known

Application Number	09/675,082
Filing Date	09/28/2000
First Named Inventor	Jonathan EDELSON
Examiner Name	Joseph WAKS
Group Art Unit	2834
Attorney Docket No.	

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

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- Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
- Applicant claims small entity status.
See 37 CFR 1.47

- Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

(continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fees	Fees	Fees	Fees
Code (\$)	Code (\$)	Code (\$)	Code (\$)
105	130	206	85
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	218	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	820	244	310
122	130	122	130
123	50	123	50
126	160	126	160
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
180	900	169	900

55

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description
Fees	Fees	Fees
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
101	740	201
106	330	206
107	510	207
108	740	208
114	180	214
		80

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	=
Claims	- 3** =	X	=
Multiple Dependent		X	=

Large Entity	Small Entity	Fee Description
Fees	Fees	Fees
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
103	18	203
102	84	202
104	250	204
109	84	209
110	18	210
		9

SUBTOTAL (2) (\$)

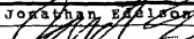
*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

55

Complete if Applicable

Name (Print/Type)	JONATHAN EDELSON	Registration No. (if applicable)	503-621-3286
Signature		Date	03/31/2002

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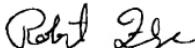
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Robert Flye

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App # 09/675,082
Filed 09/28/2000
Inventor Jonathan Edelson
GAU 2834
Examiner Joseph Waks

Transmittal Form	1 Sheet
Fee Transmittal Form	1 Sheet
Credit Card Form PTO-2038	1 Sheet
Petition for Extension of Tive	1 Sheet
Response to Restriction Requirement	2 Sheet